

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		0					53							
4		1					54							
5		4					55							
6		4					56							
7		4					57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
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19							69							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	10						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							